MEDICAL CASE MANAGEMENT SERVICES

Effective Date: 11-07-2020

I. PURPOSE

The purpose is to define and provide guidance for Support for Medical Case and in accordance with HRSA HAB standards.

II. DEFINITION

Medical Case Management is to ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, provided by trained professionals, including both medically credentialed and other health care staff who are part of the clinical care team, through all types of encounters including face-to-face, phone contact, and any other form of communication.

The RWHAP Part B-funded HIV case management in Alabama provides MCM and Non-Medical Case Management (NMCM) services as part of a HIV case management team that recognizes the need for three distinct areas of expertise:

1. Eligibility determination/benefits counseling/helping clients access medical treatment payers and benefits programs;
2. Psychosocial service coordination/behavioral health coordination and management; and
3. Medical care and treatment engagement.

III. PROGRAM GUIDANCE

The Alabama Department of Public Health (ADPH), Division of HIV/AIDS Prevention and Care (DHAPC), Direct Care Management Services (DCMS) Branch, selected a service standards specialist committee in 2019- to establish service standard, and revise the current model of Ryan White (RWHAP) Part B-funded HIV case management services being delivered in Alabama. These standards apply to programs providing RWHAP Part B-funded HIV case management services in Alabama. This document was modeled from Virginia Department of Health and others are welcome to use this document or its parts. For case management services the goals of the committee were to:

1. Improve the quality and effectiveness of the HIV case management services (both medical and non-medical) funded by ADPH Direct Care Management and Services Branch (DCMS).
2. Align the HIV case management activities provided with the changing needs of people with HIV/AIDS (PWH) as HIV disease becomes a more manageable chronic disease.
3. Improve the communication between the HIV case manager and the client's health care provider to encourage access to and successful adherence with medical treatment.
4. Create a model that complies with the federal RWHAP legislative requirements to provide Medical Case Management (MCM) and meets the goals of the National HIV/AIDS Strategy.

IV. PROGRAM GUIDANCE

ADPH's RWHAP Part B HIV Case Management Standards of Service describes the minimum standards of care that are essential in meeting the needs of PWH. Providers are encouraged to exceed these standards in regard to quality of care.

All service standards will have 12 months from the effective date of November 07, 2020 for agencies to implement and comply with standards of care. During which time, trainings will be offered throughout the state while agencies work toward compliance. Ongoing development and review of this document is maintained through collaboration with case managers, agencies, and policymakers to ensure these standards of service meet the needs of PWH.

MEDICAL CASE MANAGER ROLES AND RESPONSIBILITIES

The Medical Case Manager is responsible for assisting the client to manage his/her disease specifically related to the medical treatment plan from the client's medical providers, supporting optimal treatment adherence. The Medical Case Manager is also responsible for all behavioral health coordination and management, supportive services coordination and for assisting the client to successfully engage in medical care.

Medical Case Managers may be social workers, nurses or any similar professional with related health and human service experience. Medical Case Managers focus on medical and behavioral needs of clients (mental health, substance use, HIV risk reduction and self-management skills building) and access to needed supportive services in order to assist the client to successfully adhere to their HIV treatment program. Medical Case Managers participating on a multidisciplinary team work in partnership with the other professionals to assess the needs of the client, the client's family, and support systems to develop an individualized client Service Plan. Medical Case Managers also arrange, coordinate, monitor, evaluate, and advocate for a comprehensive package of services to meet the specific client's complex needs.

Functional roles of the Medical Case Manager:

- Face-to-face assessment and re-assessment (including assessment of adherence to treatment);
- Development of a comprehensive, individualized Service Plan;
- Coordination of the services and activities required in implementing the Service Plan;
- Case conferencing with other members of the HIV treatment team as appropriate, if warranted, and as required by acuity level;
- Monitoring of HIV medication therapy to include education of client concerning risks and side effects, monitoring client adherence and tolerance of medications;
- Reviewing and monitoring CD4 and viral load (VL) lab values, to include making sure the most current CD4 and VL lab values are recorded in the client file/database;
- Client education about HIV, its transmission, complications, risk reduction and education;
- Active linkages of client to appropriate agencies required to assist the client in achieving the goals and objectives identified in his/her Service Plan;
- Insurance and entitlement education, navigation and enrollment support;

- Client monitoring to assess the efficacy of the Service Plan;
- Periodic re-evaluation and revision of the Service Plan as necessary according to acuity level over the life of the client;
- Client-specific advocacy (i.e. with a landlord, medical team, substance abuse counselor, etc.);
- Review of client utilization of services;
- Outreach and case finding activities (for existing MCM clients if there is no Early Intervention funding in the funded area)
- Treatment adherence support;
- Transfer and inactivation processes; and
- Documentation in progress notes, on the required forms and in the required database.

MEDICAL CASE MANAGER EDUCATION REQUIREMENTS AND TRAINING

Medical case managers, and their direct supervisors, are expected to possess education and training that gives them a formal awareness of how to build rapport, evaluate client preparedness and motivation for services, an understanding of what services fulfill specific client needs, and how to represent the Ryan White Part B program in a professional and caring manner.

Therefore, the following standards were developed to guide the medical case manager (MCM) selection process. Case management supervisors are expected to have the same minimal qualifications, augmented by at least 2 years supervisory experience.

- A Bachelor or master's degree in a human services field; or
- Licensure as a Registered Nurse; or
- A Bachelor or master's degree in a non-human services field with 2 years of case management experience; or
- An associate degree in a human service field plus 4 years of case management experience

Training and Continuing Education

While having a formal education is considered necessary to perform specialized tasks of a case manager, daily duties of case managers are specific to the population they serve. To help Ryan White Part B MCMs obtain these specialized skills, ADPH requires a minimum level of training. ADPH requires that:

1. The minimum education and/or experience requirements for Medical Case Managers are:
    a. Bachelor of Social Work (BSW) (Master of Social Work [MSW] and licensure preferred), or other related health or human service degree from an accredited college or university, or;
    b. Current Alabama licensed registered nurse (RN) with additional Association of Nurses in AIDS Care (ANAC) Certification preferred (anac@anacnet.org), or;
    c. Related experience for a period of two years, regardless of academic preparation;

2. If licensed, a copy of the most current Alabama license must be kept in the Medical Case Manager's personnel file.

3. All Medical Case Managers must complete a minimum training regimen within one year of their hire date that includes:

   a. MCMs to receive HIV case management standards training

   b. MCMs to receive training in HIV 101 to include HIV disease processes, treatment, testing, legal ramifications to include confidentiality, counseling/referral and prevention

   c. MCMs to complete annual ADPH HIV Data and Security training

   d. MCMs maintain training on cultural competency (every two years at minimum)

   e. MCMs receive training on how to use the ADPH/UWCA database

   f. MCMs attend and actively participate in mandatory ADPH trainings, when offered

   g. MCMs receive training on federal and state requirements

   h. ADAP/AIAP Insurance training.

   If newly hired Medical Case Managers have previously obtained all the required training, they do not need to repeat it. Documentation of completion of required trainings must be kept in the Medical Case Manager's personnel file.

   i. Any MCM who does not attend, and actively participate in, required employment trainings or mandatory trainings will be considered out of compliance with the requirements to perform their duties for the Ryan White Part B program

4. All Medical Case Managers, except Alabama Licensed Clinical Social Worker (LCSW) or nationally Certified Case Manager (CCM) must complete an ADPH-approved basic case management training program within six months of hire date; Documentation of completion of this training must be kept in the Medical Case Manager's personnel file. ADPH, United Way of Central Alabama and Southeast Alabama Education Training Center (SE AETC) offers a variety of trainings and consultation services. More information can be found at: http://www.alabamapublichealth.org, https://apic.learnupon.com, and https://www.seaetc.com/state-partner-information/alabama-aetc.

5. All Medical Case Managers must complete at least 12 hours of continuing education in HIV/AIDS each year. Appropriate continuing education opportunities will be identified by case managers. Documentation of completion of continuing education must be kept in the Medical Case Manager's personnel file. *(See Appendix B Training Log Template for illustrative documentation form).*

These Standards are intended to provide direction to the practice of RWHAP Part B-funded HIV case management in Alabama. They are also intended to provide a framework for evaluating the practice of HIV case management and to define the professional accountability of the Medical Case Manager to both the client and the public.

Each of the following sections defines the STANDARDS, including the criteria to be used to measure compliance with the standard, the PURPOSE of the activity, and the PROCESS or step-by-step method to conduct the activity. Where appropriate, a list of the appropriate DOCUMENTATION required is also included.

HIV CASE MANAGEMENT STANDARDS

1) INTAKE

In some agencies, Case Managers also conduct an intake, which also includes eligibility determination. Some agencies utilize a Non-Medical Case Manager/Eligibility/Intake Specialist, or other staff to perform these duties. This activity is typically recorded as NMCM.

Standard	Measure
1.1) All prospective clients who contact the agency will talk with a Non-Medical Case Manager/Eligibility/Intake Specialist within three business days of the initial client contact.	1.1) First Contact documentation completed by each agency.
1.2) Each prospective client scheduled for an intake appointment will be informed verbally and, whenever possible, in writing of date and time of intake appointment and what documents should be brought to appointment.	1.2) Dated in medical record the conversation regarding date and time of client's intake appointment and required documentations needed to be brought to appointment Should indicate how it was communicated.
1.3) Each prospective client who is referred or who requests RWHAP Part B-funded (and other parts where appropriate) services will receive a comprehensive in-person intake. The intake must be completed within 10 business days of the first contact for clients (see 1.4 below) and will include at least the completion of an Eligibility/Intake Review Form* (varies by agency) and gathering of required documents. The official intake date will be the date the intake process was initiated.	1.3) Completed and dated Eligibility/ Intake Review Form, within 10 business days of first client contact, and required documentation as outlined in Eligibility section below.
1.4) The intake process will be expedited for clients who are newly diagnosed, pregnant, or recently released from incarceration.	1.4) Completed and dated Eligibility/ Intake Review Form.
1.5) If the intake completion is delayed because of missing documents during the 30-day calendar period, the Non-Medical Case Manager/Eligibility/Intake Specialist must notify the client at least three times about what documents are missing. These three contacts will occur on different days and can be by phone, person, and/or mail over the 30-day calendar period. The final notification must be in writing and include information that the client's file will be closed if the missing documentation is not timely provided.	1.5) File client progress notes and a copy of the final written notification (if applicable).

1.6) RW eligibility (including income, # in household, verification of HIV + status, Alabama residency and uninsured / underinsured status) must be reviewed and recertified **every six months/half birth month.**	1.6) Completed and dated Eligibility and Recertification Determination Form. Note: Clients who do not have these documents in their files will be considered officially ineligible for ANY Ryan White Service.
1.7) Every client who completes the intake process will have: a. A signed and dated Informed Consent* b. A copy of the agency's Grievance Procedures* c. A copy of the agency's Confidentiality Statement* d. A signed and dated (ROI)* form e. A copy of the Client Rights and Responsibilities*	1.7) Copy of signed and dated Informed Consent and Release of Information (ROI) forms in client file. Copy of client signature on Documents Received form to denote receipt (form varies by agency).
1.8) If the client answers "yes" to any of the questions in the MCM Referral section of the Eligibility/Intake Review Form the client must be referred to MCM within two working days after the completion of the intake process.	1.8) Documentation on the Eligibility/ Intake Review Form and in the progress notes.
1.9) There must be at least one progress note for each client encounter regardless of whether the encounter was directly with the client or on behalf of the client. The progress note must match the data entered into the database in terms of date, service, and units of service delivered.	1.9) Progress notes in the client file matched to the service entries in the database.

*Forms may be developed by agencies that meet their agencies' internal requirements, in accordance with HRSA National Monitoring Standards. *(See sample forms Appendix C Client Intake Eligibility Determination)*

**Alabama's RWHAP Part B and ADAP utilizes a date of birth (DOB) eligibility schedule, with all clients recertifying during the birth month and half birth month.

Purpose of the Intake

The intake process gathers information necessary to determine a client's eligibility for benefit programs and refers clients to Case Management. The Non-Medical Case Manager/ Eligibility/Intake Specialist is the first contact for new clients and plays an important role in educating the client about the HIV Case Management or other benefit programs, as well as how a client can successfully navigate the process. For new clients, the Non-Medical Case Manager/Eligibility/Intake Specialist orients the client to the HIV Case Management or other benefit programs, conducts the initial intake, and schedules the MCM Assessment (if referral to MCM is made). In some agencies where, Medical Case Manager performs the intake and the Assessment, these can be completed on the same day. For existing clients, the Non-Medical Case Manager/Eligibility/Intake Specialist conducts the six-month/half birth month eligibility review and documents outcomes.

Process

The Standards provide a step-by-step process for conducting an intake and determining eligibility for services. The process steps below provide additional information in implementing these roles.

1. Some clients may need immediate assistance from a Medical Case Manager. The client will be referred immediately to a Medical Case Manager for assistance if the following applies:
   a. The client is taking medication, but the supply will run out within the next seven days.
   b. The client states that he/she may be a danger to himself/herself or others. In this event, the Case Manager and/or Non-Medical Case Manager/Eligibility/Intake Specialist should immediately initiate their agency emergency crisis protocol. Additional information on Suicide and Threat Management should be found in their agency's emergency crisis protocol and must be reviewed annually. In these cases, the Non-Medical Case Manager/Eligibility/Intake Specialist must complete the intake process after assisting the client to receive the needed services.
2. Clients must be informed of their right to confidentiality and the law regarding this for the professional staff participating on the HIV Case Management team. It is important not to assume that anyone - even a client's partner/spouse or other family member - knows that the client is HIV-positive. The Non-Medical Case Manager/Eligibility/Intake Specialist should discuss with the client how he or she prefers to be contacted (at home, work, by mail, code word on the telephone, etc.). When trying to contact the client (phone calls, letters, etc.), Case Management staff should identify themselves only by name and never give an organizational affiliation that would imply that the client has a particular health status or receives RW or other services.
3. Many of the programs and services available to assist clients have income eligibility requirements. Therefore, an important part of the intake process is determining the income level of clients and number of family members in the household. This documentation will be necessary for the client to access other programs, including Part B-funded support services managed both by local community-based organizations, by other RW service providers, and by ADPH.
4. The Case Management Agency shall develop an Eligibility/Intake Form that includes questions to assess whether a client should be referred to MCM Services. As stated in the Standards, clients shall be referred to MCM services within two working days if they answer "yes" to the referral questions.

Documentation

a. Complete and dated Eligibility Intake Review Form
b. Signed Informed Consent Form
c. Signed ROI Form
d. Agency-specific Grievance Procedure and Confidentiality Statement
e. Agency Client Rights and Responsibilities document
f. Client Eligibility Determination and Eligibility Recertification Record with documentation (reviewed under the Peer review Universal Administration Standard)

g. Referrals: If a client needs a referral to another provider agency, the Non-Medical Case Manager/Eligibility/Intake Specialist will make the appropriate referrals and document them in the progress notes.

h. Progress Notes**

** Progress Notes: Progress notes are a section in a client's chart or record where HIV Case Management team members document all client interactions, including direct client interactions and roles undertaken on behalf of a client. The documentation serves as a legal record of events during a client's participation in the service. It also allows Case Management team members to compare past status to current status, communicates findings and plans, and can be used to support invoicing for services. Progress notes should be updated within 48 hours of encounter or action, note the type of encounter (in-person, telephone, mail, etc.), and must be signed with case manager's full name and title (or according to agency's electronic medical record protocol).

2.0) MEDICAL CASE MANAGEMENT ASSESSMENT	
Standard	**Measure**
2.1) Each MCM client will participate in at least one face-to-face interview to assess their needs, at a minimum of every 12 months while they are in active HIV case management. Initial Assessment will be completed within 30 days of intake. Re-assessments will occur according to acuity level assigned.	2.1) Completed and dated MCM Assessment Form* within past 12 months. Initial Assessment signed and dated within 30 days of intake.
2.2) The key findings of the MCM Assessment must be briefly summarized at the end of the MCM Assessment form.	2.2) A brief summary of the findings noted on last page of the MCM Assessment form.
2.3) Treatment Adherence must be assessed, and if identified as a need, included in the Service Plan.*	2.3) Documentation on the MCM Assessment Form* and in the Service Plan if indicated as a need.

*Forms may be developed by agencies that meet their agencies' internal requirements, in accordance with HRSA National Monitoring Standards. *See sample form Appendix D Medical Case Management Assessment/Reassessment form.*

Purpose of the Assessment

The MCM Assessment is an information gathering process which includes a face-to-face interview between a client and Medical Case Manager that allows for the acquisition of secondary data from health and human services professionals and other individuals. It is a cooperative and interactive process during which a client and Medical Case Manager collect, analyze, synthesize, and prioritize information which identifies client needs, resources, and strengths, for purposes of developing a Service Plan to address the needs identified.

Clients are assessed annually to evaluate progress, identify unresolved and/or emerging needs, guide appropriate revisions in the Service Plan, and inform decisions regarding discharge from HIV case management services and/or transition to other appropriate services. Assessment should also be conducted in the event of significant changes in the client's life.

Areas of Assessment:

1. The extent and nature of client needs.
2. The capacity of the client to meet personal needs.
3. The capacity of the client's support network to address client needs.
4. The capacity of available human services agencies/organizations to address client needs.

Assessment is directed at reaching a mutual agreement between the client and the Medical Case Manager concerning priority needs and client strengths and limitations.

Process

1. If the MCM Assessment were not completed or scheduled during the intake process, the client is contacted to schedule an appointment for the Assessment. The Assessment is conducted in face-to-face meeting(s) between the client and Medical Case Manager. Home visits are encouraged for clients who either have difficulty accessing the case management agency or where visiting the client's home would assist in the identification of need. A protocol should be in place within your agency regarding home visits that includes safety measures, standard rules, and privacy.
2. Assessments should be completed within 30 days from the intake date. Documentation of any delays in completing the MCM Assessment must be included in the progress notes.
3. The Assessment is conducted by a Medical Case Manager and is performed in accordance with the Alabama HIV Case Management Standards and any written policies and procedures established by each respective agency, especially those related to confidentiality requirements and confidential meeting location. The Assessment is documented on the MCM Assessment Form. The Assessment process utilizes an Acuity Scale to assist in summarizing the results of the assessment.
4. The process of identifying client needs and strengths should be a participatory activity that involves client self-assessment and supports client self-determination. Equally-important is the ongoing collaboration between the Medical Case Manager and other health and human service providers and individuals involved with the client. Case conferencing with the medical treatment team and consultation with other agencies providing services to the client should be an ongoing activity of case management and appropriate documentation of these activities should be included in a consistent way in the progress notes.
5. Adherence to medical and medication treatment must be assessed, and if identified as a need, be included in the Service Plan.
6. Client needs are systematically screened and documented. This involves the active participation of the client, health and human services professional, and other individuals, as agreed to by the client. Client needs should be identified in the following areas (items included on Assessment):
    a. Health status and history of HIV/AIDS complications and treatments, including adherence concerns/issues;
    b. Health literacy;
    c. Current medications and side effects;
    d. Income (including benefits issued through Social Security or other sources);

e. Health coverage benefits and ability to use those benefits (health insurance, Medicaid, Medicare, veterans' benefits, eligibility for ACA services) or participation in clinical trials;
f. Housing/shelter (residential support, adaptive equipment and assistance with decision making);
g. Employment;
h. Educational status/literacy, primary language read and spoken, prognosis for employment, educational/vocational needs, appropriateness and/or availability of educational, rehabilitation and vocational programs;
i. Mental health and emotional status;
j. History of violence and abuse;
k. Cultural, ethnic, racial background, spirituality and religion;
l. Communication skills, language literacy, and/or translation requirements;
m. Social relationships and support (informal care givers, formal service providers, significant issues in relationships, and social environments);
n. Client's physical environment, as well as ability to meet activities of daily living;
o. Recreation and leisure;
p. Transportation;
q. Legal status, if appropriate (guardian relationships, child custody, pending court dates, criminal history and other involvement with the legal system);
r. Knowledge of HIV disease transmission and risk reduction strategies;
s. Accessibility of health and community resources which the client needs or wants;
t. Assessment of alcohol, tobacco, and other drug use; and
u. knowledge of legal rights and responsibilities, including living will, health care power of attorney or durable power of attorney options

Documentation

a. A completed MCM Assessment Form (including Acuity Scale) that is signed and dated by the MCM and the client.
b. A brief summary of the findings at the end of the Assessment Form.
c. Progress notes

3. ACUITY SCALE	
Standard	**Measure**
3.a) Each MCM client will have an Acuity Scale completed and documented, reflecting their current Acuity level.	3.a.b) Completed and dated Acuity Scale, signed by the MCM and the client on the date of completion.
3.b) Every active client will have his or her Acuity Scale updated as frequently as indicated in each Acuity level according to level 1, 2, or 3.	

Purpose of the Acuity Scale

Alabama's RWHAP Part B HIV case management program strives to provide the greatest level of support to clients with the greatest need. A three-stage Acuity Scale is used as an additional part of the MCM Assessment process and is completed after the Intake and MCM Assessment are complete. The Acuity Scale:

- Is a tool for the Medical Case Manager to use, which complements the MCM Assessment to determine the level of case management needed;
- Is intended to provide a framework for documenting important assessment elements and for standardizing key questions that should be asked as part of a professional assessment;
- Helps provide consistency from client to client and is a tool to assist in an objective assessment of a client's need, thereby minimizing inherent subjective bias;
- Helps develop priority need areas to be addressed in the Service Plan.

Other examples for use of the Acuity Scale — See Target HIV website — HIV/AIDS Medical Case Management Acuity Tool Form and Evaluation Report https://targethiv.org/library/hivaids-medical-case-management-acuity-tool-form-and-evaluation-report.

1. Interview the client following the Intake and Assessment/Re-Assessment Standards.
2. Review all pertinent client documents, secondary assessments done by other professionals, and any relevant information available about the client's needs.
3. Check the appropriate indicators in each Life Area on the Acuity Scale.
4. An Acuity Level for each Life Area is assigned using professional judgment. If there are indicators that are potentially disabling to a client such as: newly diagnosed, pregnant, currently homeless, recently released from correctional facility, a higher level will be assigned to that Life Area so that higher levels of program support may be provided to stabilize the client. Use of professional judgment is used to determine the appropriate level of program support/services.
5. The score is assigned based on the number criteria checked in each Acuity Level. Multiply the number of criteria checked in each Acuity Level by the number of the Acuity Level. For example, if three criteria are checked in Acuity Level 2, then the score at the bottom of Acuity Level 2 is "6" (2 x 3).
6. **Please note:** The following criteria, at a minimum, will result in an automatic Acuity Level 3, during the first 90 days of service: (a) released from a correctional facility within the past 90 days, (b) diagnosed with HIV in the last 180 days, (c) pregnant and (d) homeless. This will ensure that the client receives the additional amount of case management service that may be warranted.
7. Clients who score a "10" or less are considered Level 1 and may receive services through a Medical Case Manager as needed, and as mutually agreed upon by the Medical Case Manager and the client (for example, periodic transportation or medication assistance services). A Service Plan is not needed. Acuity should be reassessed if clients are requesting assistance more frequently than their initially-assessed need might indicate.
8. Total the points at the end of Acuity Scale. Assign appropriate program support activities.

The Acuity Level Guidelines:

The following criteria, at a minimum, will result in an automatic Acuity Level 3, during the first 90 days of service: (a) release from a correctional facility within the past 90 days, (b) diagnosed with HIV in the last 180 days, (c) pregnant or (d) currently homeless. This will ensure that the client receives the additional amount of case management service that may be warranted.

Level 1 0-10 points = low	• Initial Assessment and Acuity • Minimum contact annually • Reassessed annually • Documentation in progress notes • Reassess Acuity annually unless client situation changes or if service requests become frequent.
Level 2 11-25 points = medium	• Initial Assessment and Acuity • Annual Re-Assessment • Assess Acuity every 6 months • Minimum contact (telephone or face-to- face) every six months/half birth month to verify address/phone number, to check on client's current status • Service Plan update every 6 months • Documentation in progress notes
Level 3 26-40 points = high/urgent	• Initial Assessment & Acuity • Minimum Re-Assessment every 6 months • Minimum contact (telephone or face-to- face) every 30 days • Service Plan updated minimum every 3 months • Acuity updated minimum every 3 months • Documentation in progress notes

Other examples for use of the Acuity Scale — See Target HIV website — HIV/AIDS Medical Case Management Acuity Tool Form and Evaluation Report https://targethiv.org/library/hivaids-medical-case-management-acuity-tool-form-and-evaluation-report.

Documentation

a. A completed Acuity Scale (included with Assessment) that is signed and dated.

b. Progress notes

4. MEDICAL CASE MANAGEMENT SERVICE PLANNING	
Standard	**Measure**
4.1) After completion of the MCM Assessment, every client (except those with an Acuity Score of 10) will participate in the development of a Service Plan that must be completed within 45 calendar days from the completion of the Assessment. If the Service Plan is not completed within this time frame, documentation that explains the delay must be included in the progress notes in the client file.	4.1) Completed and dated Service Plan in the client file to include both client and MCM signatures within 45 days of the Assessment.
4.2) The Service Plan will reflect that the client was included in the development of the service plan. The Service Plan will include area for notation on whether or not the client was offered and received a copy of the Service Plan.	4.2) Notation in the progress notes that service plan was developed. Notation on Service Plan whether the client received a copy.

Purpose of Assessment-Based Planning

For the most efficient use of time and for effective outcomes to occur, there must be a clear plan that directs the activities of the client and Medical Case Manager. This plan becomes the basis for evaluating what services were provided and whether they achieved the desired outcomes. Once the Medical Case Manager has gathered sufficient information from the Intake and Assessment and has identified the priority needs areas, this information will form the basis of Service Planning.

Client Involvement in Planning

Service Planning provides the basis from which the Medical Case Manager and the client work together, as partners, to access the resources and services which will enhance the client's quality of life and his or her ability to cope with the complexity of living with HIV. The client plays a vital role in the process of developing a plan of care. The process supports client self-determination and self-management of a chronic disease whenever possible and empowers a client to actively participate in the planning and delivery of services.

When developing a Service Plan, it is necessary to have concurrence on expected responsibilities and also have an agreement on the tasks assignments to be completed by the Medical Case Manager and the client. Most clients will count on the Medical Case Manager to guide them through the health and human services system and to present options and help them develop contingency plans, should the initial efforts fail to produce the desired results. There should be ongoing and joint assessments of the appropriateness of the Plan.

Process

1. In an ongoing interactive process with the client, problems are identified and prioritized. Identified problems are addressed through a planning process that includes the mutual development of goals, assigned activities and reporting outcomes.

   The MCM Service Plan Form should contain the following:

- Identification of problems/primary barriers;
- Prioritization of goals and issues;
- Planning tasks and action steps to be completed to help a client meet his/her goals, keeping in mind the client's ability to attain only one goal at a time and that goals should be attainable based on the client's perspective;
- The name of the person who will be responsible for the assigned task: either the client, the Medical Case Manager, or both;
- Documentation of the target date of tasks and goals;
- The Task Completion Date to show when the task was completed;
- The Service Plan signed and dated by the client and Medical Case Manager on the date it is developed; and
- Documentation in the progress notes about completion of the plan and whether the client received a copy.

Documentation

a. A complete Service Plan that is signed and dated by both the MCM and the client on the date it is developed.

b. Progress notes.

5. SERVICE PLAN IMPLEMENTATION	
Standard	**Measure**
5.1) The client and Medical Case Manager will work together to develop and meet Service Plan goals and move toward task completion.	5.1) Update on goals and progress made on attaining goals in progress notes that matches required time frames based on Acuity level.
5.2) Every active client will have his or her Service Plan updated as frequently as indicated by level of Acuity.	5.2) Completed and current Service Plan (according to Acuity level) in the client file.
5.3) Ongoing documentation of Service Plan activities related to goal completion status must be in the progress notes.	5.3) Progress Notes to be completed within 48 hours.

Purpose of Service Plan Implementation

Activities related to Service Plan Implementation should be used as tools for helping the client resolve crises and to develop sustaining strategies to cope with his or her problems and service needs independently. This involves:

- evaluating the effectiveness and relevance of the plan;
- measuring client progress toward stated goals and activities; and
- revising the plan as needed (with minimum frequency according to Acuity level).

Process

1. The goals and activities developed during the planning process should be regularly reviewed to determine progress and whether any changes in the client's situation warrant a change in the Service Plan according to Acuity Level.
2. Case conferences with the client's medical team and other treatment teams (i.e., mental health treatment teams) can help ensure that all providers involved in a client's care and treatment work together to achieve the best mix of services, which also minimizes service duplication.
3. Clients and Medical Case Managers must at least maintain contact according to Acuity Level to build trust, communication, and rapport. Careful planning by the client and the Medical Case Manager can determine how often contact is needed to minimize crisis situations and to best meet the client's anticipated needs.
4. Clients should be encouraged to contact the Medical Case Manager when changes occur in their health condition, in social factors that impact their day-to-day living, or in their practical support systems.
5. Follow-up and monitoring activities can occur through direct contact (i.e. face-to-face meetings, telephone communication, telehealth, texting, email, instant messaging) with the client or his or her representative.
6. Indirect contact regarding the client, with the client's family or caregiver, primary medical provider, service providers, and other professionals also provides information. This can happen through meetings, telephone contact regarding the client, written reports, and letters.

Documentation

a. Implementation activities should be documented in the progress notes.

b. A revised Service Plan must be completed according to Acuity Level.

Documentation should include dates of follow-up, referral contacts, and specific activities.

APPENDIX A: DEFINITIONS

DEFINITIONS:

Advocacy: The act of assisting someone in obtaining needed goods, services or benefits, (such as medical, social, community, legal, financial, and other needed services), especially when the individual has had difficulty obtaining them on his or her own. Advocacy does not involve coordination and follow-up on medical treatments and should not be confused with an appropriate Nursing intervention. Whenever possible, advocacy should build upon, rather than fragment, agency cooperation and collaboration.

Americans with Disabilities Act (ADA): A civil rights law passed by the U.S. Congress in July of 1990 to protect people with disabilities from discrimination in public and private services and accommodations. Since HIV disease is considered a disability, the ADA protections apply to PWH.

Broker: To act as an intermediary or negotiate on behalf of a client.

Client Record: A collection of printed or computerized information regarding a person using services currently or in the recent past.

Confidentiality: The process of keeping private information private. Information given by a client to a service provider will be protected and will not be released to a third party without the explicit written permission of the client or his or her representative. Information may be released only in the following circumstances: (1) When a written release of information is signed by the client; (2) When there is a clear medical emergency; (3) When there is a clear and imminent danger to the client, Medical Case Manager or others; (4) Where there is possible child or elder abuse; and (5) When ordered by a court of law.

Criteria: A standard, or on a or be rule, test which judgment decision can based.

Cultural Competency: Refers to whether service providers and others can accommodate language, values, beliefs, and behaviors of individuals and groups they serve.

Demographic Information: Descriptive information for an individual that may include but is not limited to, age, race, ethnicity, and gender. This information provides a profile of people receiving services from a specific agency.

Emotional Support: The ability of the Medical Case Manager to listen and empathize is the essence of emotional support in the care coordination relationship. In cultivating a trusting relationship, it is important for the Medical Case Manager to strike a balance between the empathetic role--utilizing active listening skills, developing rapport, and providing emotional support--and the objective role which requires engaging and encouraging the client toward concrete actions to achieve a desired outcome. Because HIV case management is often defined as a task-oriented process, we tend to focus on the "doing" of tasks with the client and forget the importance of "being present." Being truly available to offer emotional support is particularly important in situations where the resources to meet the needs of the client are not available.[22]

Grievance: A real or imaginary wrong causing resentment and regarded as grounds for complaint.

HIV Disease Health Education/Risk Reduction: Activities that include information dissemination about methods to reduce the spread of HIV, HIV disease progression, and the benefits of medical and psychosocial support services. This activity does not include medication or treatment information that is part of Adherence activities.

Health Insurance Portability and Accountability Act (HIPAA): The first comprehensive federal protection of patient privacy passed by the U.S. Congress in 1996. HIPAA sets national standards to protect personal health information, standardize the way it's used, and make health insurance more portable for the public. Key provisions include: (1) guaranteed access for clients to their medical records; (2) the ability of the client to limit the information that entities like ADPH and its contractors can disclose; (3) the ability of the client to review their medical records for accuracy and to request changes; and (4) allows health information to be disclosed without authorization for certain national priority purposes, such as research or public health disease outbreaks.

May: Permissive, but not to be interpreted as an enforceable requirement.

Must: Indicates condition, action, etc., as mandatory and enforceable.

Multi-Disciplinary Team: A team that includes professionals representing the disciplines required for a holistic approach to meeting the needs of a client, as identified through the Assessment. At a minimum, a medical team for HIV care consists of the Medical Provider, Medical Case Manager, and Treatment Adherence Advocate.

Outreach/Case Finding: Activities that have as their principal purpose to identify individuals with HIV disease so that they may become enrolled in care and treatment services. Outreach activities should be coordinated with the local HIV prevention outreach program. Activities should be targeted to populations known to be at disproportionate risk; conducted at times and places where such individuals are likely to be reached; and be reportable and evaluated for effectiveness in getting new clients with HIV enrolled in care coordination and medical care.

Quality Assurance (QA): Refers to a broad spectrum of ongoing/continuous evaluation activities design to ensure compliance with minimum quality standards. An ongoing monitoring of services for compliance with the most recent Public Health Service (PHS) guidelines for the treatment of HIV disease and related opportunistic infections, and adherence to state and federal laws, rules, and regulations.

Quality Improvement (QI): Generally used to describe the ongoing monitoring, evaluation, and improvement process. It includes a client-driven philosophy and process that focuses on preventing problems and maximizing quality of care. This focus is a means for measuring improvement to access quality of HIV services.

Ryan White HIV/AIDS Treatment Extension Act of 2009: Passed by the U.S. Congress in 1990, the purpose of this federal act is to provide emergency assistance to communities that are 23 most affected by the HIV epidemic and to make financial assistance available to state and other public or private nonprofit entities. This assistance provides for the development, organization, coordination and operation of more effective and cost-efficient systems for the delivery of essential services to individuals and families with HIV disease.

Service Plan: A written plan that directs the activities of the client and the Medical Case Manager. The Service Plan delineates the case management goals and objectives required to coordinate and link the client to the continuum of health and support services required to manage his/her disease.

Service Planning: An ongoing interactive process with the clients, where problems are identified and prioritized. Identified problems are addressed through a planning process that includes the development of goals, assigned activities, and reporting outcomes. Clients and their support systems also have strengths that should be incorporated into Service Planning.

Shall: Indicates condition, action, etc. as mandatory and enforceable, unless an exception is granted and/or required under funding regulations and/or ADPH discretion.

Should: Indicates accepted industry or professional practice standard and/or what is expected. May or may not be enforceable but is subject to remediation.

Standard: An authoritative statement by which a profession describes the responsibilities, ethics, and behaviors for which its practitioners are accountable. A rule or basis of comparison in measuring or judging capacity, quantity, content, extent, value, and/or quality.

Therapy/Counseling: Therapy or counseling refers to professional mental health interventions aimed at reducing clinical symptoms that interfere with an individual's ability to meet the demands of daily life and participate actively in his or her own health care. It falls outside the role of a Medical Case Manager to provide mental health therapy or counseling to clients. Referring clients to appropriate mental health resources, and facilitating access to those services is the appropriate role for the Medical Case Manager

Treatment Plan: A written plan of treatment and therapy developed by a medical provider.

USEFUL RYAN WHITE ABBREVIATIONS AND ACRONYMS:

ACA: Affordable Care Act

ADA: Americans with Disabilities Act

ADAP: AIDS Drug Assistance Program

AETC: AIDS Education and Training Center

ADPH: Alabama Department of Public Health

ANAC: Association of Nurses in AIDS Care

BS: Bachelor of Science

BSW: Bachelor of Social Work

CD4: Cluster of Differentiation 4

CCM: Certified Case Manager

DDP: Division of Disease Prevention

ED: Emergency Department

GED: General Educational Development

HIPAA: Health Insurance Portability and Accountability Act

HCS: HIV Care Services

HS: High School

LCSW: Licensed Clinical Social Worker

LPC: Licensed Professional Counselor

MAI: Minority AIDS Initiative

MCM: Medical Case Management

MSW: Master of Social Work

NMCM: Non-Medical Case Management

PWH: People with HIV/AIDS

QA: Quality assurance

RN: Registered Nurse

ROI: Release of Information

RWHAP: Ryan White HIV/AIDS Program

SNAP: Supplemental Nutrition Assistance Program

SSDI: Social Security Disability Insurance

SSI: Social Security Insurance

TANF: Temporary Assistance for Needy Families

VHARCC: Alabama HIV/AIDS Research and Consultation Center

VL: Viral load

APPENDIX B: TRAINING LOG TEMPLATE

EMPLOYEE:	HIRE DATE:

ALABAMA RYAN WHITE PART B MEDICAL CASE MANAGEMENT EMPLOYEE TRAINING LOG

(Attach Training Certificates to Log)

ALABAMA PUBLIC HEALTH

DATE OF TRAINING	NAME OF TRAINING *REQUIRED TRAININGS (WITHIN ONE YEAR OF HIRE DATE)	NUMBER OF HOURS	SUPERVISOR SIGNATURE
	*HIV Case Management Standards		
	*Cultural Competency		
	*HIV Disease Process, Treatment, Testing (i.e. "HIV 101")		
	*Legal Issues/Considerations to Include Confidentiality, Counseling/Referral, and Prevention		
	*Basic Case Management Concepts, principles and / or practice		
	*Client-Centered Model of Case Management		

APPENDIX C: EXAMPLE CLIENT INTAKE/ ELIGIBILITY DETERMINATION

REQUIRED FORM

ALABAMA PUBLIC HEALTH

☐ Intake or Annual/Birth Month Review Date Completed: _____	☐ 6 Month/Half Birth Month Review – **Changes** Date Completed: _____	☐ 6 Month/Half Birth Month Review – **No Changes** Date Completed: _____

Social Security number:	Age:	DOB:

Date of Diagnosis:	Date of AIDS Diagnosis (if applicable):

PERSONAL INFORMATION

LEGAL LAST NAME:	LEGAL FIRST NAME:	MIDDLE INITIAL:	OTHER NAMES USED:

STREET ADDRESS:	CITY:	STATE:	ZIP:	OK to send mail? ☐ Yes ☐ No
MAILING ADDRESS, IF DIFFERENT:	CITY:	STATE:	ZIP:	OK to send mail? ☐ Yes ☐ No

HOME PHONE #:	OK to leave message? ☐ Yes ☐ No	CELL PHONE #:	OK to leave message? ☐ Yes ☐ No	MESSAGE PHONE #:	OK to leave message? ☐ Yes ☐ No

E-MAIL ADDRESS:	OK to email? ☐ Yes ☐ No	ETHNICITY: ☐ Hispanic/Latino ☐ Non-Hispanic/Latino

GENDER: ☐ White/Caucasian ☐ Black/African American ☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ American Indian/Alaskan Native ☐ Other	GENDER: ☐ Male ☐ Female ☐ Transgender (M→F) ☐ Transgender (F→M)	PRIMARY LANGUAGE: Need interpreter including ASL? ☐ Yes ☐ No

MEDICAL HEALTH INSURANCE

☐ **PRIVATE** Company: _____ ID #: _____ ACA Enrolled: _____ COBRA (end date): _____ Dental Insurance (name): _____	☐ **MEDICARE** ☐ Part A ☐ Part B ☐ Part D; ☐ Enrolled in MPAP ☐ Low income subsidy ☐ Qual. Medicare Ben.	☐ **MEDICAID** ☐ HMO _____ Standard (Blue & White Card) ☐ Dual Eligible MCO: _____	☐ **OTHER** ☐ VA Benefits #: _____ ☐ Champus #: _____ ☐ #: _____	☐ **NO INSURANCE** **Comments:**

KEY CONTACTS

EMERGENCY CONTACT:	RELATIONSHIP:	PHONE NUMBER:	Aware of HIV Status? ☐ Yes ☐ No

PRIMARY CARE PHYSICIAN:	PHONE NUMBER:	PHARMACIST:	PHONE NUMBER:
HIV SPECIALIST:	PHONE NUMBER:	OTHER AGENCY:	PHONE NUMBER:

HOUSING FAMILY/DEPENDENT CHILDREN

Do you have dependent children (including children you are paying child support for): ☐ Yes ☐ No

If yes, how many:	If yes, do they live with you? ☐ Yes ☐ No

HOUSEHOLD MEMBERS

NAMES	RELATIONSHIP	AGE	Aware of HIV Status?	INCOME
			☐ Yes ☐ No	$
			☐ Yes ☐ No	$
			☐ Yes ☐ No	$
			☐ Yes ☐ No	$

ELIGIBILITY CATEGORY	DOCUMENTATION PRESENTED (Copies of all documentation are to be filed with this form and retained by the provider agency)
HIV+ diagnosis Required only at intake. Check one:	☐ Lab test (viral load, Western Blot, etc.) sent from lab or physician ☐ Documentation submitted from the healthcare provider who is providing medical care ☐ Previously obtained/Is in client file.

Verification of Identity	**Unexpired (all in column):**	
Required annually (as long as document is not expired). Client must provide one of the following:	☐ Alabama Driver License ☐ Tribal ID ☐ Alabama State ID card ☐ Military ID ☐ Passport ☐ Student ID	☐ Social Security Card ☐ Citizenship/Naturalization ☐ Student visa ☐ Birth certificate ☐ Temporary License ☐ Other official document (list): _____

Verification of Residency	**Tier 1 (one of the following)**	**Tier 2 (two of the following if none from Tier 1 available)**
Client must provide one of the following: (Documentation must include client's full legal name and match residential address on application.) ***(Required every 6 months/half birth month for eligibility and documentation)***	☐ Unexpired Alabama Driver License ☐ Unexpired Tribal ID (current address) ☐ Unexpired Alabama State ID/ Non-Drivers Photo ☐ Utility Bill (cell phone bills not accepted) ☐ Lease, rental, or mortgage agreement[1] ☐ Current property tax document ☐ **Residency Verification Form**	☐ Current Alabama Voter Registration card (current address) ☐ Copy of public assistance/ benefits document ☐ Military/Veteran's Affairs ☐ Alabama vehicle title or registration card ☐ Other: _____

[1] Must include the lease holder's name, address that matches the client's application, relationship to the client and lease holder's telephone number.

VERIFICATION OF INCOME				
Current Client (If not, proceed with income verification below)				
Type of Income	**Person(s) Receiving Income**	**Monthly Gross Income**	**Annual Gross Income**	**Required Documentation**
Work income (wages, tips, commissions, bonuses)				• 2 months current, consecutive paystubs or earnings statements for ALL jobs
Self-employment income				• Most recent quarterly tax returns ***or*** • Business records for 3 consecutive months prior
Unemployment/ Disability benefits				• Compensations stubs ***or*** • Award letter
Stocks, bonds, cash dividends, trust, investment income, royalties				• Documentation from financial institution showing income received, values, terms & conditions
Alimony/child support Foster care payments				• Benefit award letter ***or*** • Official document showing amount received regularly
Pension or retirement income (not social security)				• Annual benefit statement
Social security retirement/ survivor's benefit				• Annual benefit statement
Veterans benefits				• Benefit award letter
Social Security income (SSI/SSDI)				• Annual benefit statement or bank statement showing deposit
Public Assistance/TANF (not SNAP)				• Most recent payment statement ***or*** • Benefit notice
Worker's Compensation or Sick Benefits				• Benefit award letter
Other Income:				• Document:_____
TOTAL		**Monthly Total =** $ _____	**Annual Total =** $ _____	
Family size:		**Federal Poverty Level:**		
Does client have a payee? ☐ Yes ☐ No				
If yes, list name and phone number:				

NO INCOME STATEMENT

I declare that my family and I have no income. I (we) get food, housing and clothing in the following ways:

I understand that I must tell my HIV case manager about any changes as part of the six month/ half birth month eligibility/recertification review. I understand that if I falsify or do not give complete information, my eligibility for Ryan White-funded services may be denied.

Client (or legal guardian) Signature **Today's date (day/month/year)**

Additional Comments:

NO INCOME STATEMENT (6 Month Review)

I declare that my family and I have no income. I (we) get food, housing and clothing in the following ways:

I understand that I must tell my HIV case manager about any changes as part of the six month/ half birth month eligibility/recertification review. I understand that if I falsify or do not give complete information, my eligibility for Ryan White-funded services may be denied.

Client (or legal guardian) Signature **Today's date (day/month/year)**

I know if the agency is not able to contact me, that after 90 days trying, I agree to the agency mailing me a Certified Letter to notify me of discharge from services.

Client (or legal guardian) Signature **Today's date (day/month/year)**

MEDICAL CASE MANAGEMENT REFERRAL	
A "Yes" answer to any of the following questions requires a referral to Medical Case Manager.	
Are you newly diagnosed with HIV?	☐ Yes ☐ No
Were you recently (within last 6 months) incarcerated?	☐ Yes ☐ No
Are you pregnant?	☐ Yes ☐ No
Do you think your housing is unsafe or are you homeless?	☐ Yes ☐ No
Have you been unable to pay your rent, utilities, buy food, or pay for transportation?	☐ Yes ☐ No
Are you uninsured or do you have unpaid medical bills that should have been covered previously by Ryan White (i.e., received bill in error, collection or past due notices)?	☐ Yes ☐ No
Have you had any problems or delays in getting medication?	☐ Yes ☐ No
Have you missed any medical, mental health or substance abuse treatment appointments in the last three (3) months?	☐ Yes ☐ No
Have you been out of medical care (for HIV) for 6 months?	☐ Yes ☐ No
Have you experienced any changes to your mental health in the last three (3) months?	☐ Yes ☐ No
Have you had unprotected sex or shared needles in the past 6 months?	☐ Yes ☐ No
If you are currently using drugs/ alcohol or tobacco products would you like assistance in seeking treatment or more information about how to stop using drugs/alcohol or stop smoking?	☐ Yes ☐ No
Would you like to speak to a Medical Case Manager for any reason?	☐ Yes ☐ No
If client answered "yes" to any of these questions, refer to a Medical Case Manager. PLAN:	
CLIENT NAME:	DATE:

SIGNATURE and CREDENTIALS/TITLE DATE

APPENDIX D: HIV MEDICAL CASE MANAGEMENT PROGRAM ASSESSMENT/RE-ASSESSMENT

Client:	Client #:
Initial Assessment Date:	MCM Name:
Re-Assessment Date:	MCM Name:

HIV Status:		HIV Risk Factors (check all that apply):
☐ HIV positive (not AIDS)	dx date:	☐ MSM ☐ Heterosexual ☐ IDU ☐ Perinatal
☐ HIV positive (AIDS unknown)	dx date:	☐ Receipt of blood or tissue
☐ CDC-defined AIDS	dx date:	☐ Hemophilic coagulation disorder
☐ Unknown or not reported/identified		☐ Other:

Medical Care:

☐ None ☐ Publicly-funded clinic or HD ☐ Private practice ☐ Hospital Outpatient ☐ ER ☐ Other

Care Provider Contact Information (name and phone#):

Primary Care Provider		( )
HIV/AIDS Provider		( )
Pharmacy		( )
Dentist		( )

Current Medication Profile:

Date Prescribed	Medication	Dose	Frequency	Route	Date d/c'd

CLIENT NAME:	ID #:	CM INITIAL:	DATE:

HIV Medication Adherence Assessment: ☐ No Change
Is client currently taking antiretroviral medications? ☐ Yes ☐ Sometimes ☐ No
If no, why? ☐ Not recommended ☐ Does not want to take ☐ Wants to/considering taking
If yes/sometimes, client's understanding of meds: ☐ thorough ☐ average ☐ basic ☐ confused
If yes/sometimes, who is responsible for ordering/picking up refills? ☐ self ☐ other:
If yes/sometimes, are: ☐ meds outdated? ☐ Yes ☐ No ☐ meds prescribed by multiple providers? ☐ Yes ☐ No ☐ meds properly stored? ☐ Yes ☐ No ☐ meds borrowed from others? ☐ Yes ☐ No
If yes/sometimes, are meds taken on schedule every day/every time? ☐ Yes ☐ No
If no, number of missed doses in past week: Number of late doses in past week:
Possible reason(s) for late or missed doses (check all that apply): Medication side effects: ☐ dizzines ☐ nausea ☐ diarrhea ☐ drowsiness ☐ headache ☐ other:

Barriers:		
☐ depression/mental health	☐ caregiving responsibilities	☐ eating habits (eg., loss of appetite)
☐ substance use/abuse	☐ lack of social support	☐ lack of regular schedule
☐ mental status changes	☐ complex medication regime	☐ needs assistance with ADLs
☐ doubts medication effectiveness	☐ number of pills	☐ undisclosed HIV status
☐ lack of information	☐ size pills	☐ difficulty getting refills:
☐ works outside the home	☐ taste of medication	☐ other:

Availability of Basic Needs (check if need assistance): ☐ No Change
☐ Food ☐ Utilities ☐ Personal care/hygiene
☐ Access to food programs: ☐ Yes ☐ No Describe:
☐ Safe childcare available (if needed): ☐ Yes ☐ No Describe:
☐ Other basic needs (describe):

Housing/Living Arrangement: ☐ No Change
☐ Permanently housed: (describe)
☐ Not permanently housed: (describe)
☐ Type of housing:
☐ Rent home/apartment (check one): ☐ Living with family ☐ Own home
☐ Transitional living facility/half-way house (check one): ☐ Nursing Home/medical facility, etc. ☐ Homeless, on street/in car ☐ Homeless, in shelter ☐ Homeless, living with others
☐ Receiving housing assistance (HOPWA, public housing, Section 8):
☐ At risk of losing current housing:
☐ Concerns about current housing:
☐ Needs help finding affordable housing or shelter:

CLIENT NAME:	ID #:	CM INITIAL:	DATE:

Insurance and Other Coverage: ☐ No Change
Have any type of insurance? ☐ No ☐ Yes ☐ Don't Know
If Yes, check all types that you currently have: ☐ Medicaid ☐ Medicare A/B ☐ Medicare D ☐ Private Insurance
☐ Other coverage:
☐ Issues with understanding, navigating and using insurance benefits:
☐ Needs help with health insurance enrollment:

Transportation: ☐ No Change
☐ If no problem with transportation, note "N/A":
☐ Access to and funds for transportation (gas, bus pass, etc.):
☐ Needs help arranging transportation (Volunteer, etc.):
☐ Issues with understanding, navigating and using insurance benefits:
Barriers to accessing transportation:

Education: ☐ No Change	
Degrees/certificates earned:	
Highest grade completed in school:	Primary Language:
Difficulty reading primary language: ☐ No ☐ Yes	Difficulty writing primary language: ☐ No ☐ Yes
Difficulty reading English: ☐ No ☐ Yes	Difficulty writing English: ☐ No ☐ Yes
Special education classes in school: ☐ No ☐ Yes	If yes, what type:
Have you ever been told you have a Developmental Disability/Cognitive Impairment: ☐ No ☐ Yes, specify:	
If yes, are services in place? ☐ No ☐ Yes	What services?

Employment/Income: ☐ No Change	
Currently working/employed: ☐ No ☐ Yes If yes, employer/position:	
Does client show up for work on a regular basis?: ☐ No ☐ Yes If no, what is reason:	
Barriers to employment (check all that apply)	**Give specifics:**
☐ Health related issues	
☐ Fear of losing benefits	
☐ Applying for jobs	
☐ Transportation	
☐ Childcare needed	
☐ Education	
☐ Negative past experiences	
☐ Other	
Can client do the kinds of work done previously? ☐ No ☐ Yes	
If yes, what kinds of work?	
If no, what kinds of work is client interested in?	
Household income: $	
Other Income: ☐ SSI/SSDI ☐ VA Benefits ☐ Child support ☐ Other:	

CLIENT NAME:	ID #:	CM INITIAL:	DATE:

Legal Issues: ☐ No Change	
Does client have: ☐Trust ☐Will ☐Physician's Directive ☐Healthcare Power of Attorney ☐Living Will ☐Durable Power of Attorney ☐Guardian/Conservator for self/dependents	
If Power of Attorney:	Name:
	Phone #:
Changes in legal status: ☐Arrest(s) ☐Conviction(s) ☐Restraining order(s) ☐Parole/probations ☐Name change ☐Change in legal status of relationship like marriage, separation, or divorce Describe:	

Social Support: ☐ No Change			
Relationship (spouse, partner, parent, child, sibling, friend, relative, pet, other)	**Aware of HIV Status?**	**Type of Support** (Emotional/moral, financial, transportation, shelter, medical/adherence, none, other)	**Signed Release?**
	☐Yes ☐No		☐Yes ☐No
	☐Yes ☐No		☐Yes ☐No
	☐Yes ☐No		☐Yes ☐No
	☐Yes ☐No		☐Yes ☐No
	☐Yes ☐No		☐Yes ☐No
	☐Yes ☐No		☐Yes ☐No

Community Resources: ☐ No Change			
Organization/Agency (church, support group, community-based organization, shelter, treatment center, other)	**Aware of HIV Status?**	**Services Provided** (Support received such as transportation, shelter, financial, emotional, other)	**Signed Release?**
	☐Yes ☐No		☐Yes ☐No
	☐Yes ☐No		☐Yes ☐No
	☐Yes ☐No		☐Yes ☐No
	☐Yes ☐No		☐Yes ☐No
	☐Yes ☐No		☐Yes ☐No
	☐Yes ☐No		☐Yes ☐No

Sexual History/Risk Assessment: ☐ No Change	
Current spouse or partner:	
Is partner aware of client's HIV status? ☐Yes ☐No	Is client currently sexually active? ☐Yes ☐No
If yes, what is client currently doing to protect him/herself and his/her partners from infection? (Risk reduction strategies):	
What makes it difficult for client and their partners to practice safer behaviors?	
☐When sexually excited	☐When think there's not much risk
☐When feel angry or upset	☐When partner pressures client to not use protection
☐When with a new partner	☐When client not expecting to have sex
☐When drinking or using drugs	☐Hypersexual Disorder/addiction
☐When feel bad about self	☐Other:
Does client disclose HIV status to sexual partners? ☐No ☐Yes ☐N/A	

CLIENT NAME:	ID #:	CM INITIAL:	DATE:

Does client have past or current experiences with sexually-transmitted infections in addition to HIV? ☐ Yes ☐ No ☐ N/A	Does client have past or current experiences about potential trauma of sexual abuse/assault? ☐ Yes ☐ No ☐ N/A
If not currently engaging in sex with partners, does client have a plan to keep him/herself and his/her partner safe if they were to become sexually active? ☐ Yes ☐ No	Describe:
Does client inject drugs with needles? ☐ Yes ☐ No	
Does client share needles? ☐ Yes ☐ No	
Have all needle-sharing partners been informed of client's HIV status? ☐ Yes ☐ No ☐ N/A	
How does client protect self and drug-using partners? ☐ Does not share needles ☐ Uses clean needles/works	
Does client have access to condoms, clean needles and other safe sex/risk reduction supplies? ☐ Yes ☐ No ☐ N/A	
What additional information does client request about risk reduction?	

Substance Use/Addiction History and Screening: ☐ No Change

Substance (use/abuse/addiction)	**Use** P = past C = current	**Amount**	**Frequency** (daily/weekly/ monthly)	**Duration** (<1 yr; 1-2 yr; >2 yr)	**Last Use** (<1 mo; 1-6 mo; 6 mo-2 yr; >2 yr)	Problem for client? ☐ = yes	Wants treatment ☐ = yes
Gambling							
Nicotine (cigs/chew)							
Marijuana							
Speed/Meth							
Cocaine/crack							
Heroin							
Hallucinogens							
Rx Medications							
Other							

Plan:

Refer for substance abuse treatment: ☐ Yes ☐ No
Comments/details/other:

Mental Health Screening: ☐ No Change

Does client report history of mental health (MH) diagnosis? ☐ Yes ☐ No
If yes, describe:

Has client ever been prescribed medication for a MH condition? ☐ Yes ☐ No
If yes, describe:

CLIENT NAME:	ID #:	CM INITIAL:	DATE:

Is client taking medications for a MH condition now? ☐ Yes ☐ No
If yes, what medications?

Has client ever been hospitalized for a MH condition? ☐ Yes ☐ No
If yes, describe:

Does client report any of the following a problem in the past year?
☐ Depression ☐ Anxiety ☐ Insomnia ☐ Forgetfulness ☐ Delusions ☐ Withdrawal/isolation
☐ Dementia ☐ Suicidal thoughts ☐ Other:

How troubled has client been in the past 3 months with any of above listed problems?
☐ Not at all ☐ Slightly ☐ Moderately ☐ Considerably ☐ Extremely

Is client interested in mental health counseling, therapy or support group referral?
☐ Yes ☐ No Specify:

Has client ever attempted to hurt self or others in past?
☐ Yes ☐ No COMMENTS:

Does client have currently thoughts of hurting self or others? ☐ Yes ☐ No

Does client have a specific plan? ☐ Yes ☐ No

Does client have the means to carry out the plan?
☐ Yes ☐ No COMMENTS:

If answered "yes" to any of last 3 questions, case manager must follow the agency emergency crisis protocol for appropriate response.

PLAN: Refer for Mental Health Assessment: ☐ Yes ☐ No
Comments/details:

Counseling/therapy/support group referral for client: ☐ Individual counseling ☐ AA/NA ☐ MSM group
☐ HIV group ☐ Prevention group ☐ Anger Management ☐ Domestic Violence ☐ Other:

Overall Assessment or Re-assessment Findings Summary

(Initial Assessment) Medical Case Manager Signature: **Date**

(Re-Assessment) Medical Case Manager Signature **Date**

CLIENT NAME:	ID #:	CM INITIAL:	DATE:

MEDICAL CASE MANAGEMENT SERVICE PLAN

CLIENT NAME	DATE SERVICE PLAN STARTED (INITIAL/ANNUAL)
CLIENT ID #	DATE SERVICE PLAN DUE TO BE UPDATED
MEDICAL CASE MANAGER:	
DUE DATE OF NEXT SERVICE PLAN UPDATE:	

ACUITY POINTS/LEVEL:	DATE ACUITY COMPLETED:	UPDATED ACUITY POINTS/LEVEL:	DATE UPDATED ACUITY COMPLETED:

Is this is a reassessment for Acuity Level Three? ☐ Yes ☐ No

Problem/Primary Barriers

☐ Access	☐ Education	☐ Legal
☐ Caregiving responsibilities	☐ End of Life Services	☐ Medication adherence
☐ Child care	☐ Financial	☐ Medication side effects
☐ Child welfare	☐ Food Health	☐ Mental health/depression
☐ Communication	☐ Home support/placement	☐ Social/emotional support
☐ Complex Med. Regime	☐ Household/personal needs	☐ Substance addiction/Abuse
☐ Dental care	☐ Housing	☐ Transportation
☐ Difficulty w/ follow-through	☐ Insurance	☐ Undisclosed HIV status
☐ Disability determination	☐ Lack of eligibility documentation	☐ Fear of HIV status disclosure
☐ Discrimination	☐ Lacks a regular schedule	☐ Work-related issues
☐ Doubts med. effectiveness	☐ Language	☐ Other

Prioritized Issues/Goals

Goal #	Planned Tasks/Action Steps	CM/ CL	Target Date	Task completion date and Outcome

Client's Statement and Agreement: I have participated in the creation of this plan for my care. I understand that I take responsibility for MY plan in order for the plan to succeed. My case manager has explained to me what portions of the plan I am solely responsible for and those with which my case manager will assist me. I agree to follow all aspects of this plan and advise case manager if there are significant changes in my life that make it necessary to change this plan. I agree to stay in contact with case manager as planned.

Client Signature **Date**

Medical Case Manager Signature **Date**